

LUMPKIN COUNTY

Employment Application



EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION

Last Name		First		Middle		Date	
Street Address				Apartment/Unit #			
City		State		ZIP		How long at this address?	
Phone Number(s)				Social Security Number			
Position Applied for							
Are you a citizen of the United States?		If no, are you authorized to work in the U.S.? ____Yes ____No If offered employment you will be required to provide documentation to verify employment eligibility.					
Have you ever worked for Lumpkin County?		____Yes ____No		Position and Supervisor		From To	
Do you have relatives working for Lumpkin County?		____Yes ____No		Name and Relationship			
Have you ever been convicted of an un-lawful offense?		____ Yes ____No		A "yes" answer will not necessarily disqualify you from employment. If yes, explain			
Have you ever been convicted of a moving violation?		____ Yes ____No		If yes, explain			

EDUCATION

High School	Location	Highest Grade Completed	7	8	9	10	11	12	GED
College or Business School		Did you graduate? ____Yes ____No Degree							
Trade or Apprenticeship School		Specialty							
List licenses, certificates, vocational or business courses you have taken that relate to the job applied for.									

PLEASE LIST THREE PROFESSIONAL REFERENCES

Full Name	Relationship
Company	Phone ()
Address	
Full Name	
Company	Relationship
Address	Phone ()
Full Name	
Company	Relationship
Address	Phone ()

PREVIOUS EMPLOYMENT Begin with current or most recent employer. Include military service and volunteer work. Include last 10 years.

Company			Phone ()	
Address			Supervisor	
Job Title		Starting Salary \$		Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		

Company			Phone ()	
Address			Supervisor	
Job Title		Starting Salary \$		Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		

Company			Phone ()	
Address			Supervisor	
Job Title		Starting Salary \$		Ending Salary \$
Responsibilities				
From	To	Reason for Leaving		

MILITARY SERVICE

Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

DISCLAIMER AND SIGNATURE

I authorize Lumpkin County to contact current and former employers and references. I authorize current and former employers and references to supply such information verbally or in writing to Lumpkin County Human Resources.

I understand that Lumpkin County has a Substance Abuse Policy that includes random drug and/or alcohol testing.

I understand that any offer of employment is contingent upon successful completion of a drug screening and may also be contingent upon passing a medical examination.

I certify that my answers are true and complete to the best of my knowledge. I have not knowingly withheld any information that would detrimentally affect my application for employment.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal.

Signature	Date
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Memo

To: All Applicants
From: Chief Eggert
Date: January 18, 2009
Re: Applications

Listed below are the requirements for all applicants.

Full time, part time, volunteer, **Fire and EMS**

1. Must have a minimum of a High School diploma or GED, submit copy with application.
2. Sign release to have criminal history done.
3. Submit copy of 7 year Motor Vehicle Record with application.
4. Must be able to pass drug test and physical prior to start date.
5. Copy of Birth Certificate and Social Security card.
6. Full and part-time applicants must have a minimum FF NPQ 1 and a minimum of EMT I.
7. Current copies of ACLS card, EMT I or P card, Drivers License, CPR card, EVOC/ Drivers Training.
8. Include with application **all** Diplomas, Fire and EMS certificates.
9. Letters of Reference and any other pertinent information that may help your hiring process.

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize: **Edward Eggert or Melissa Rich or David Wimpy** with Lumpkin County Fire/Ems
ph# (706) 864-3030 to receive any Georgia criminal history record information pertaining to me which may
be in the files of any state or local criminal justice agency in Georgia.

(PRINT) Last Name First Name Middle/Maiden Phone #

Address

Sex Race Hgt Eyes Date of Birth Social Security Number

Signature (Before a Notary) **NOTARIZED:**

Date comm. expires: _____ SEAL

Special employment provisions (check if applicable):

- ☐ Employment with mentally disabled (Purpose code "M")
- ☐ Employment with elder care (Purpose code "N")
- ☐ Employment with children (Purpose code "W")
- ☐ Other Employment ☐ Real Est. Lic. ☐ Housing (Purpose code "E")

One of the following must be checked:

- ☐ This authorization is valid for 90/180/____(circle one) days from the date of signature.
- ☐ I. _____ give consent to the above named to perform periodic criminal history
background checks for the duration of my employment with this company.

Lumpkin County Sheriffs office (use only)

_____/ Date: ____/____/____

Ran By: (int.) _____

Lumpkin County Sheriffs Office 385 E. Main Street Dahlonega GA 30533 (706) 864-0414